

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Application Number <b>10/534,712</b>		Filing Date			
						Applicant(s)					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
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